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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration Submitted With Initial Filing Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	48473/262367
First Named Inventor	Lawrence A. Gould, et al.
COMPLETE IF KNOWN	
Application Number	New
Filing Date	August 10, 2001
Group Art Unit	Unassigned
Examiner Name	Unassigned

As a below named inventor, I hereby declare that:

• My residence, post office address, and citizenship are as stated below next to my name.

• I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**METHODS FOR DETECTING, COMPUTING AND DISSEMINATING LOCATION
INFORMATION ASSOCIATED WITH EMERGENCY 911 WIRELESS
TRANSMISSIONS**

the specification of which *(Title of the Invention)*

is attached hereto

OR

was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY) Country	Priority Not Claimed	Certified Copy Attached?
			<input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

ApplicationNumber(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a plus sign (+) inside this box → **+**

PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032
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DECLARATION — Utility or Design Patent Application

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that wilful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such wilful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:

A petition has been filed for this unsigned inventor

Given Name	Lawrence A. Gould	Family Name or Surname	Gould
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Inventor's Signature		Date	08/09/01
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Residence: City	State	Country	Citizenship
Aventura	Florida	USA	USA

Mailing Address 18181 North East 31st Court, Suite 409

Mailing Address

City	State	ZIP	Country
Aventura	FL	33160	USA

NAME OF SECOND INVENTOR:

A petition has been filed for this unsigned inventor

Given Name	John A. Stangle	Family Name or Surname	Stangle
------------	-----------------	------------------------	---------

Inventor's Signature		Date	08/09/01
----------------------	--	------	----------

Residence: City	State	Country	Citizenship
Parkland	Florida	USA	USA

Mailing Address 5930 N.W. 63rd Place

Mailing Address

City	State	ZIP	Country
Parkland	FL	33067	USA

Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

Please type a plus sign (+) inside this 

PTO/SB/81 (10-00)

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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT	Application Number	New
	Filing Date	August <u>10</u> , 2001
	First Named Inventor	Lawrence A. Gould, et al.
	Group Art Unit	Unassigned
	Examiner Name	Unassigned
	Attorney Docket Number	48473/262367

I hereby appoint:													
<input checked="" type="checkbox"/> Practitioners at Customer Number <u>23370</u> 													
OR													
<input type="checkbox"/> Practitioner(s) named below:													
<table border="1"><thead><tr><th>Name</th><th>Registration Number</th></tr></thead><tbody><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr><tr><td> </td><td> </td></tr></tbody></table>		Name	Registration Number										
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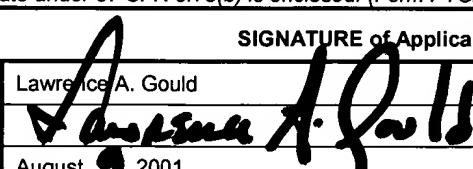


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<input checked="" type="checkbox"/> Assignee of record of the entire interest. See 37 CFR 3.71.		
Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).		

SIGNATURE of Applicant or Assignee of Record

Name	Lawrence A. Gould
Signature	
Date	August <u>10</u> , 2001
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	
<input checked="" type="checkbox"/> *Total of <u>1</u> form is submitted.	

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